

# GUIDELINES FOR ALZHEIMER'S DISEASE MANAGEMENT

## ASSESSMENT

- Conduct and document an assessment of:
  - Daily function, including feeding, bathing, dressing, mobility, toileting, continence and ability to manage finances and medications
  - Cognitive status using a reliable and valid instrument (e.g. the MMSE)
  - Other medical conditions
  - Behavioral problems, psychotic symptoms, or depression
- Reassessment should occur every 6 months or more frequently, if indicated.
- Identify the primary caregiver and assess the adequacy of family and other support systems.
- Assess the patient's decision-making capacity and whether a surrogate has been identified.
- Assess the patient's and family's culture, values, primary language, and decision-making process.

## TREATMENT

- Develop and implement an ongoing treatment plan with defined goals. Include:
  - Use of cholinesterase inhibitors, if clinically indicated, to treat cognitive decline
  - Referral to appropriate structured activities such as exercise, recreation and adult day care services
  - Appropriate treatment of medical conditions
- Treat behavioral problems and mood disorders using:
  - Nonpharmacologic approaches, such as environmental modification, task simplification, appropriate activities, etc.
  - Referral to social service agencies or support organizations, including the Alzheimer's Association's Safe Return Program for people who wander
  - Medications, if clinically indicated

## PATIENT & CAREGIVER EDUCATION & SUPPORT

- Discuss the diagnosis and progression of AD with the patient and family in a manner consistent with their values, preferences and the patient's abilities.
- Refer to support organizations for educational materials on community resources, support groups, legal and financial issues, respite care, future care needs and options. Organizations include:  
Alzheimer's Association 1-800-660-1993 [www.alz.org](http://www.alz.org)  
Caregiver Resource Centers 1-800-445-8106 [www.caregiver.org](http://www.caregiver.org)  
or your own social service department
- Discuss the patient's need to make advance directives and to identify surrogates for medical and legal decision-making.

## REPORTING REQUIREMENTS

- Abuse: Monitor for evidence of and report all instances of abuse to Adult Protective Services or police department, as required by law.
- Driving: Report the diagnosis of AD in accordance with California law (Sections 2500 and 2572 of Title 17, California Code of Regulations).

## **Alzheimer's Disease and Its Impact:**

As the population ages, the incidence of Alzheimer's disease (AD) becomes greater. One in ten persons over 65 and nearly half of those over 85 have AD. Currently, 4 million persons in the U.S. have a diagnosis of Alzheimer's disease. A person with AD can live from 3-20 years or more from the onset of symptoms and at some point, that person will require 24 hour care including assistance with daily activities such as eating, grooming and toileting. The yearly monetary costs of AD exceed \$100 billion in the U.S. The social and emotional toll on caregivers and families is immeasurable. Fortunately, there are effective strategies for management of Alzheimer's disease and related dementias that are covered in this guideline.

## **About the Guideline:**

This document was developed by the California Workgroup on Guidelines for Alzheimer's Disease Management through a collaborative effort of healthcare providers, consumers, academicians, professional and volunteer organizations, and purchasers of health care. A companion document is available which explains each of the areas of the Guideline in greater detail. To receive a copy of the Guideline and related information, visit the Alzheimer's Association of Los Angeles website at [www.alzla.org](http://www.alzla.org)

## **Purpose of the Guideline:**

This clinical practice guideline represents core care recommendations for AD management that are clear, measurable, practical and based on scientific evidence, as available. The California Workgroup has provided its expert opinion when research evidence has been unavailable or when research results were inconsistent. The intended audience of this guideline is primary care practitioners, including physicians, nurse practitioners, physician assistants, social workers, and other professionals providing primary care to AD patients and their families.

**\*Note: Many of the activities mentioned in the Guideline do not require a physician and can be done by other members of the treatment team.**

## **Guidelines for the Diagnosis of Alzheimer's Disease:**

The guideline suggests care management principles and is based on the assumption that a proper diagnosis of Alzheimer's disease has been made using reliable and valid diagnostic techniques. For organizations seeking guidance in developing or adopting a diagnostic guideline for Alzheimer's disease, a useful reference is the *Clinical Practice Guideline on Early Alzheimer's Disease: Recognition and Assessment* developed by the Agency for Health Care Policy and Research. To obtain a copy, contact the AHCPR Publications Clearinghouse at 1-800-358-9295.